1 **QUESTION:** What is SCODI of the posterior segment (SCODI-P)?

**ANSWER:** Scanning computerized ophthalmic diagnostic imaging of the posterior segment (SCODI-P) is a diagnostic test that provides digital images of the fundus along with quantitative information such as length or depth. Optovue uses optical coherence tomography (OCT) to perform SCODI-P with iVue®, iScan™ and Avanti™.

2 **QUESTION:** What are the indications for SCODI of the posterior segment?

**ANSWER:** There are a number of indications for SCODI-P, based on the medical necessity of the service. The list of valid diagnoses includes glaucoma and posterior segment disease such as exudative macular degeneration and diabetic retinopathy. Vascular images of the retina using SCODI (sometimes referred to as OCT angiography, or OCTA in this context) may be performed with AngioVue® software.

3 **QUESTION:** Is SCODI-P covered by Medicare?

**ANSWER:** Medicare will reimburse you for SCODI-P if the patient presents with a complaint that leads you to perform this test as an adjunct to evaluation and management of a covered indication. If the images are taken as baseline documentation of a healthy eye or as preventative medicine to screen for potential disease, then the test is generally not covered (even if disease is identified). Also, it is not covered if performed for an indication not in the local coverage policy. Local coverage policies vary so be sure to check your own Medicare contractor’s website.

4 **QUESTION:** What CPT code should we use to describe SCODI-P?

**ANSWER:** There are two CPT codes to describe SCODI-P. They are:

92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

92134 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

Note the distinction between a test performed on the optic nerve and the retina. OCTA is coded as 92134 (not 92235 or 92240) since there is no injection of fluorescein or ICG dye with OCTA.

5 **QUESTION:** How much does Medicare allow for these tests?

**ANSWER:** The Medicare Physician Fee Schedule allowable amounts for 2020 are:

<table>
<thead>
<tr>
<th>Code</th>
<th>Technical Component</th>
<th>Professional Component</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>92133</td>
<td>$15.16</td>
<td>$22.74</td>
<td>$37.89</td>
</tr>
<tr>
<td>92134</td>
<td>$15.52</td>
<td>$25.98</td>
<td>$41.50</td>
</tr>
</tbody>
</table>

Since Medicare defines the test as bilateral, these amounts apply whether one or both eyes are tested, and are adjusted in each area by local indices. Other payers set their own rates, which may differ significantly from the Medicare fee schedule.

92133 and 92134 are subject to Medicare’s Multiple Procedure Payment Reduction (MPPR). This reduces the allowable for the technical component of the lesser-valued test when more than one test is performed on the same day.

January 28, 2020

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PN 300-55273 Rev B
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